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Effective on 12/08/2004,				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nun	nber	10/563,105-Conf. #4561		
FEE TRANSMITTAL				Filling Date		December 30, 2005		
For FY 2009				First Named Inventor Misao TAKAKUSAKI		***************************************		
FULL 1 ZUUS				Examiner Name M		M. J. Sang		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1792		
TOTAL AMOUNT OF PAYMENT		(\$) 130.00		Attorney Docket No.		1592-0159PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Sfewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
X Charge any additional fee(s) or underpayments of X Credit any overpayments ine(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FII	JING FEES	SEA	RCH FEES	EXAMI	NATION FEES		
Application T	ype Fee (\$	Small Entity Fee (\$)	Eap /\$1	Small Entity	Sec. (8)	Small Entity	Fees Pa	ain 183
Utility	330	165	Fee (\$) 540	. <u>Fee (\$)</u> 270	Fee (\$) 220	<u>Fee (\$)</u> []()	rees re	373733
•	220							
Design		110	100	50	140	70	***************************************	
Piant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325	***************************************	
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5226								
Each independe				220	110			
Multiple dependent claims 390 195								
			Fe	Paid (\$) <u>Multiple Dependent Claims</u>				
6 -20 or HP 0 x 52.00 =			welcomeric ania ania-	0.00		Fee (\$) Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims Extra Claims Fee (\$)			Fe	e Paid (\$)			-	
2	-3 or HP ≈ 0	× 220.00 =		0.00				
HP ≈ highest sum	ber of independent claims	paid for, if greater than	3.					
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheet				iditional 50 or frac	tion therec	r Fee (\$)	Fee P	ald (\$)
- 100 = /50 ≥ (round <b>up</b> to a whole number) x =								
4. OTHER FEE(S) Fees Paid (S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1251 Extension for response within first month 130,00								
SUBMITTED BY								
Signature	XHen ()	12 448	<i>922/</i> [	Registration No. (Attorney/Agent)	32,181	Telephone	(703) 205	
Name (Print/Type)						Date UC	1132	302

